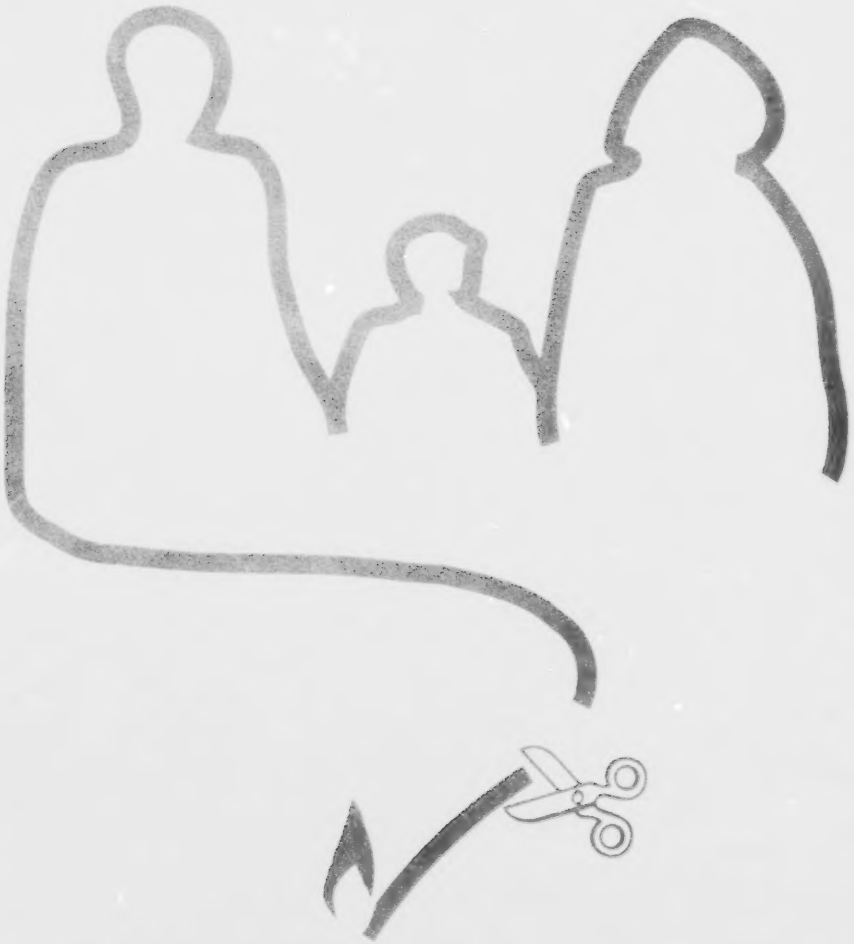
Government of Canada
Gouvernement du Canada

Working Together:
1989 National Forum on Family Violence
June 18-21, 1989

Discussion Paper:
Elder Abuse



Canada

ELDER ABUSE:

A Discussion Paper

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Prepared for:

WORKING TOGETHER: 1989 NATIONAL FORUM ON FAMILY VIOLENCE, JUNE 18-21, 1989

Under contract to:

The Family Violence Prevention Division
Heath and Welfare Canada

May 1989

The views expressed in this paper are those of the author and do not necessarily reflect the official views of
Health and Welfare Canada

90-00765/

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EXECUTIVE SUMMARY

Elder Abuse: The Problem

There is no standard definition of "elder abuse". Most studies and discussions of elder abuse include physical and psychological abuse. Others include financial abuse and neglect. The types of elder abuse and their indicators differ among studies and discussions, so that research results often appear contradictory.

Certain findings are consistent, however, revealing that elder abuse shares several characteristics with other forms of family violence. Both victims and families are socially and sometimes geographically isolated. Victims are in a weakened, powerless and dependent position relative to perpetrators. Perpetrators very often have a history of alcohol abuse, psychopathology, low self-esteem and unemployment, and there is frequently a history of family violence. The overwhelming majority of abuse victims are female. In many cases, elder abuse is "spouse abuse grown old". Elder abuse is also unique, in that it is known to take place outside the family, in institutions.

Guesses about the proportion of elderly people in Canada who are abused tend to cluster around 2% to 3%. A national telephone survey of 2,000 people, which was designed to obtain a picture of the prevalence of elder abuse in Canada, has recently been approved for funding by Health and Welfare Canada. This study should reveal some valuable findings within the year.

Elder abuse is not just a social or health problem - it is frequently criminal behaviour. Our Criminal Code addresses many of the types of elder abuse that we know exist in this country.

There are numerous other aspects of the issue of elder abuse that warrant attention. These include: the need for awareness, public education and training; the barriers to and lack of guidelines for detection; the lack of reporting protocols; debates over protective legislation and mandatory reporting; the various models for intervention and treatment; the components of a prevention strategy; and the dilemmas of conducting valid and reliable research on elder abuse.

Responses to Elder Abuse

Internationally, Canada has put family violence on the agenda as a major social concern. On the national level, the federal government has pledged a total of $40 million to be spent by six federal departments over a four year period (1988-1992) to help address the multi-faceted problem of family violence. The Family Violence Prevention Division of Health and Welfare Canada has held consultations on the subject of elder abuse across Canada; has amassed a collection of literature on elder abuse, available to the public; and has organized a national forum on family violence, which will include an elder abuse stream. In addition, Health and Welfare Canada makes financial contributions available to eligible groups for projects addressing elder abuse, through the New Horizons Program, Seniors' Independence Program and Family Violence Prevention Division.

Some provincial governments have enacted special legislation which recognizes elder abuse and the vulnerability of older adults, such as Ontario, Nova Scotia, Prince Edward Island, New Brunswick and Alberta. Other provinces and territories are working on legislative packages and/or have commissioned studies and published reports or fact sheets on elder abuse.

Community responses to elder abuse are wide ranging. They include: social and legal advocacy programs for the elderly; public awareness and education initiatives; adult protection services that are part of multidimensional services to the elderly; educational programs and resources aimed at specific professional groups (for example, the police); the development of protocols for detection and reporting of cases in social service agencies and health care institutions; the promotion of research and communication among professional groups on all aspects of the problem; and a variety of other kinds of programs, services and initiatives at the provincial, regional, community and agency levels.

1. INTRODUCTION

Within the last two decades, the myth of the family as a safe haven for its members has been shattered again and again. First child abuse, then wife beating and now elder abuse have been revealed as social and health problems falling within the realm of family violence.

Elder abuse - its definition, recognition, detection, reporting, treatment, prevention - is, in 1989, at the same stage that child abuse was twenty years ago: suffering from a lack of general knowledge, of reliable data, of consensus about causes and solutions.

1.1 Definition

There is no standardized definition of "elder abuse". For this paper, a general definition has been borrowed from a 1986 discussion paper from the Government of Saskatchewan.

> Elder abuse is harm caused by an abuser to an adult who is vulnerable primarily or partly due to age. The abuse is not limited to physical harm but also includes psychological abuse, financial abuse and neglect.

Most studies and discussions of elder abuse include the following two components:

- **physical abuse** (wilful, direct infliction of physical pain or injury, rough handling, shoving, slapping, pinching, hitting, kicking, restriction of freedom of movement, sexual abuse); and

- **psychological abuse** (socially isolating, insulting, threatening, yelling at, infantilizing, withholding affection or denying privileges to a person).

In addition, the following two elements are frequently included in research on and discussions of elder abuse:

- **financial or material abuse** (such as the theft or conversion of money or objects of value belonging to the elderly person by a relative or caretaker); and

- **neglect** (failing to provide necessaries of life such as adequate heat, clothing, hygienic conditions; denying social interaction).

The various types of elder abuse and neglect differ among studies and discussions (Finkelhor and Pillemer, 1987; Hirst and Miller, 1986; Giordano and Giordano, 1984). Due to this lack of uniformity in defining the parameters and reliably testing the various types of abuse and neglect, research results cannot be effectively compared and very often appear contradictory (Hudson and Johnson, 1986).

Although it has been suggested (Hirst and Miller, 1986) that the term "elder maltreatment" could serve as an umbrella term to include various types of abuse as well as neglect, the terms "abuse" and "neglect", rather than "maltreatment" are used in this paper, because the latter term appears too mild for what is abhorrent and sometimes criminal treatment of elderly people.

1.2 Elder Abuse as Family Violence

Elder abuse shares several characteristics with other forms of family violence (Bolton and Bolton, 1987). Both victims and families are socially and sometimes geographically isolated. Victims are in a weakened, powerless and dependent position relative to perpetrators. Abuse occurs when those family members who are expected to be responsible do not have adequate resources - practical, social, psychological and/or financial - to deal effectively with other family members. In addition, the perpetrators very often have a history of alcohol abuse, psychopathology, low self-esteem and unemployment. There is frequently a history of family violence. The overwhelming majority of abuse victims are female.

Elder abuse is also unique in several respects (Christ, 1981; Steinmetz, 1981).

From the perspective of the abused elderly person - victims of abuse by their children bear the stigma of having raised a child who mistreats them. Dependency has often been reversed, with the elderly parent becoming dependent on a child, and possibly resenting it. The elderly are more likely than people in other age groups (other than very young children) to be dependent on others to carry out their activities of daily living, either due to physical disability or cognitive impairment. And as older people age, their social contacts and peer support system tend to break down, as a result of their friends dying or other events occurring which restrict their lives.

From the perspective of family members who are responsible for elderly dependent relatives - these caregivers may be old and infirm themselves or in a position of "double bind", that is, they are expected to take responsibility for the care of both children and parents. Their older, infirm relatives are far less appealing in their dependency than young children, both to the caregivers and within our culture generally. The physical and mental decline of the old is opposite to the growth and learning displayed by children, and can therefore contribute to the discouragement of caregivers.

Elder abuse is also unique in that it is known to take place outside the family as well. Elderly people are likely to spend time in institutions where their isolation is compounded by de-personalization. Here the staff are very often as undertrained as private caregivers, yet they are expected to deliver health care to many more than one person. A result is sometimes psychological or physical abuse or neglect of the elderly.

Elder abuse, therefore, has a number of characteristics in common with other forms of family violence as well as a number of dilemmas which are unique to this particular social problem.

1.3 Recognition of Elder Abuse

Elder abuse has caught the particular attention of the public, academics, legislators, policy-makers and health service professionals for several reasons (say Pillemer and Finkelhor, 1987). First, the tremendous growth in the elderly population has resulted in an increase in the number of people personally and professionally concerned about aging. In addition, the political power of the aged means that their welfare is seen to warrant greater political attention. Finally, there is the fact that the state is increasingly dedicated to protecting its vulnerable citizens.

Elder abuse is of particular concern to Canadians. Research has revealed that it tends to be the older members of the elderly population, those over 75 years of age, who are the most vulnerable to abuse (Douglass, 1983; Giordano and Giordano, 1984). It is this segment of the Canadian population that is growing at a faster rate than any other age group; that is, at a rate of 3.5% per annum, compared to 1% for the entire population (Stone and Fletcher, 1986:1.2). Add to this growth factor the shortage of training and assistance available to family and paid caregivers of the frail or impaired elderly, as well as the isolation of so many families in a vast country with a harsh climate, and it is clear that the context for abuse exists and may increase.

1.4 Prevalence and Nature of Elder Abuse

The prevalence of elder abuse in Canada is not known. An exploratory study conducted in Manitoba (Shell, 1982) estimated that about 2.2% of the province's elderly population suffer abuse. Other Canadian studies reveal that abuse and neglect of the elderly in Canada is a problem (Belanger in Montreal, 1980; Haley in Nova Scotia, 1984; King, McGrath and Block in Manitoba, 1981-1984; Ontario Ministry of Community and Social Services, 1985; Stevenson in Alberta, 1985 - reviewed by Moore and Thompson, 1987:115-117) but the studies' methodological limitations preclude generalizing from their findings.

Estimates of abuse in American studies range from 4.1% (Giordano and Giordano, 1981) to 10% (Steinmetz, 1981). These figures should be regarded with caution, however, given the variability of both the definition of elder abuse and sampling approaches, and the fact that the American social and health service and income security systems are significantly different from those in Canada, thus weakening the comparison of social and public health problems between the two countries.

Until recently, the abuse victim was typified as a widowed female, over 80 years of age, financially disadvantaged and physically and/or cognitively impaired, with high dependency needs, living with her children. The overwhelming characteristics of her situation were isolation and dependency.

The abuser was usually identified as a family member - son or daughter, middle aged or older, who may have been an abused child. The abusive family member lacked the resources - such as adequate knowledge, space, assistance, time, finances or the will to deal effectively and affectionately with a dependent parent. In addition, abusive family members were frequently found to be alcohol abusers or suffering from some psychiatric or mental problem.

The psycho-social context was often revealed to be one where dealing with family conflict and stress in a violent manner was the norm, and could have been so for several generations. In the case of financial abuse, the victim typically had accessible assets (such as housing or money or both) and the perpetrator was in need of these benefits (Girard, 1985:14). Another overwhelming characteristic of the context of abuse, and one which was given plenty of attention, was the stress level of the caregivers. Compounding factors, such as unemployment, crowding and the seemingly unreasonable demands of an

increasingly dependent parent, were regarded by workers and researchers as the "causes" of abuse. Therefore the "cures" were generally aimed at educating and finding assistance for the over-stressed caregivers.

More recently, this picture of elder abuse, although not refuted, has been expanded. Other kinds of abusive situations involving elderly victims are being revealed. It has been found in various studies with differing respondents (Pillemer and Finkelhor, 1987; Engelmann, 1986; Bristowe, 1987:11; Stevenson, 1985:19) that spouses, almost always male spouses, are the abusers in between a fifth to more than half of the cases reported. Since many more elders live with their spouses than with their children, this is not surprising (Pillemer and Finkelhor, 1987). Spousal abuse overlaps elder abuse, therefore, as a phenomenon.

A second expansion of the picture is that abuse of the elderly is certainly not restricted to the confines of the family environment, nor is it mainly inflicted by men. Ninety-seven percent of the respondents in a recent study of institutional elder abuse (Pillemer and Moore, 1988) were female staff: 10% admitted to having committed physically abusive acts; 40% admitted to having been psychologically abusive to patients. Findings from a Quebec survey were not dissimilar, with most respondents female, and reporting the commonest known type of abuse to be psychological (Belanger, 1981:2,3).

(It must be pointed out here, however, that any sample made up of front line health care workers in geriatric institutions will be predominantly female, and therefore any abuse inflicted by or observed by them will almost by definition be abuse by females. In short, a biased sample will produce biased results. Belanger recognized this weakness of her research (Belanger, 1985).)

Another observation made by many researchers is that it is not so simple as one elderly victim suffering one type of abuse from one abuser. Instead, there are situations where victims may suffer several forms of abuse - for example, financial and psychological - from a caregiver. And it is pointed out that more than a few older people are exploited by merchants, contractors, and others outside the family.

Also outside the family context - consultants and workers in the field report that residents in long term care facilities (elderly people themselves, typically those suffering from cognitive impairment) sometimes inflict abuse on other residents in institutions.

Recently, it has been found that the level of incompetence or dependency of the older person, which one might assume to be positively correlated with their abuse, is not always the crucial variable affecting likelihood of abuse, but instead it is the characteristics of the caregivers, such as: their abuse of alcohol (Bristowe, 1987:10); ageist attitudes (that is, holding predominantly negative stereotypes and opinions of older adults based on age); external stress factors; deviant characteristics (destructive, emotionally unstable, addicted to drugs, criminal record) and dependency on the abused (Finkelhor and Pillemer, 1987). Thus, the earlier approach to describing the nature of elder abuse, one which almost "blamed the victims" for their dependency and for inflicting so many demands and so much stress on caregivers, has been revealed to be inaccurate in several studies. Instead, dependency and deviance on the part of abusers have been uncovered as important factors contributing to the likelihood of abuse.

Despite the apparently variable nature of elder abuse, however, a constant is that dependent elderly women are at the greatest risk of all. This is partly a consequence of demographics - that is, most of the old-old elderly, most of the institutionalized elderly, most of the financially dependent elderly living with their children, and most adults with a history of being abused by their spouses - are female. It is also due to the fact that abuse of dependent people in our society tends to be abuse of females.

What is the most frequently reported type of elder abuse? Is it physical abuse, such as hitting? Sexual abuse? Or psychological abuse, such as insulting, threatening or infantilizing an older person? Or is it financial abuse, like taking a parent's pension cheque and forging their signature on it, or tricking them into signing over their home or their savings? Or is the most frequently found type of abuse simply passive neglect - failure on the part of caregivers to provide the basics of life, such as adequate clothing, nutrition, heat, medication and social interaction? The answers vary as much as the questions. Different studies reveal different findings. Some reveal financial exploitation as the commonest form of abuse, others neglect, others psychological abuse. Naturally, findings vary according to the definitions and research methods used and the questions asked.

More important, perhaps, than establishing a clear ranking of the prevalence of the different types of elder abuse is the very fact that abuse of many types has been found to exist in Canada. Not only is this intolerable behaviour in our society, it is in many cases criminal behaviour.

Our Criminal Code addresses most of the types of abuse discussed in this paper. Physical abuse is physical assault (Sections 244 and 245.3). Sexual abuse is sexual assault (Sections 246.1 and 246.8). Psychological abuse in the form of threats and intimidation is covered in Sections 243.4 and 381. Financial abuse of various types is addressed in the Criminal Code, with those crimes particularly associated with financial abuse of the elderly being: stopping mail with intent (Section 304); forgery (Section 324); and theft by a person holding power of attorney (Sections 291 and 292). In addition, neglect, that is, failing to provide adequately for someone in your care, is criminal (Section 197); as is forcible confinement (Section 247).

It must be recognized, therefore, that "elder abuse and neglect" is not a soft concept, a problem of concern only to specialists in gerontology or policy makers and advocates concerned with family violence. Nor is it a lesser form of criminal behaviour because it takes place behind closed doors, very often to victims who are considered unattractive in an ageist culture.

The nature of this problem is harsh. Elder abuse is frequently criminal wrongs done to those members of society who, for a number of reasons, may be in situations where they are helpless to escape, report or even define their abuse.

Now that a general picture of elder abuse has been presented - its relationship to the more general phenomenon of family violence, its definition, prevalence and nature - six sub-topics of elder abuse are discussed. They are:

- awareness, education and training
- detection
- reporting
- intervention and treatment
- prevention
- research.

2. AWARENESS, EDUCATION AND TRAINING

Despite increasing numbers of articles in academic and professional journals on the topic of elder abuse, and legislation addressing some aspect of elder abuse in a majority of the American states and in five Canadian provinces, the problem of various forms of elder abuse and neglect is just beginning to be recognized.

The popular media's sporadic and often sensational stories of inhumane treatment of old people in nursing homes, or vivid portrayals of overburdened caregivers breaking under excessive strain, have done little to lend credence to the very real, on-going social and health problem of elder abuse. Much of the public, and in fact many professionals, are still unaware of the extent and nature of the problem, regarding abuse and neglect of the elderly instead as a rare and extraordinary occurrence.

One key factor accounting for a lack of awareness of elder abuse is ignorance on the part of both victims and perpetrators of abuse themselves. Victims may not be aware that the treatment they are suffering is in fact abuse and against the law; or they may be aware, but afraid to report their abusers, for fear of retaliation or abandonment. Some victims would prefer to suffer abuse in a familiar environment than be "put in a home". Perpetrators may also be unaware that they are committing crimes when they threaten, beat or defraud the elderly people in their care; or they may be aware and covering up.

Another kind of ignorance also accounts for lack of awareness of elder abuse. That is the ignorance of many people who come into contact with the elderly, about aging in general. There are health care professionals, police, lawyers, social workers and home support workers, for example, who are so unaware of the risks and characteristics of aging, of what is normal aging and what is not, that they may be blind to symptoms of elder abuse.

Awareness of elder abuse and neglect will increase as a result of more consultation among various groups working in the human services. One of the purposes of large scale conferences, for example, is to bring together people who do not have the opportunity to share their knowledge and experience in their everyday work lives, such as public health nurses and lawyers, police and physicians.

In addition to this continuing education of professionals, formal education about the phenomenon of elder abuse will increase as more research is carried out, and the results included in curricula, in faculties of social work, law, medicine, nursing and in the social sciences.

As working professionals and new graduates become more knowledgeable about the incidence and nature of elder abuse, they will be increasingly qualified to contribute to the training of those people who will be working "in the trenches" with the elderly: home care workers, nursing assistants, and unpaid family caregivers.

The American Medical Association's Council on Scientific Affairs claims that "the first step in preventing elder abuse and neglect is to increase the levels of awareness and knowledge among physicians and other health care professionals" (Council on Scientific Affairs, 1987). We would add social workers, lawyers, police, researchers, policy makers, teachers, seniors and the general public to that list.

3. DETECTION

The greatest barrier to detection of elder abuse is a consequence of a key characteristic of the problem. That is, elder abuse takes place for the most part behind closed doors, within families or couples, and is typically suffered by older people who are isolated and unlikely or unable to get out and speak for themselves. (This inability to communicate is even more profound for those ethnic seniors in Canada who cannot speak either English or French, and who may not even be aware of their rights.)

Furthermore, detection of elder abuse and neglect is hampered by the public belief that the family takes care of its loved ones, or at least the social norm that a family's privacy is sacrosanct. Another impediment to detection has already been mentioned; that is, a lack of awareness and education on the part of many professionals. Compounding these obstacles is the lack of a clear definition of what constitutes, and what indicates, abuse or criminal neglect of the elderly.

What signs and symptoms indicate elder abuse? What should health professionals and other human service workers look for?

These are difficult questions to answer. So many of the signs of physical, psychological and material abuse can be - and readily are - attributed to changes accompanying aging. For example, bruises may be the result of hitting - or they may be caused by falls or bumping into things due to poor balance or eyesight. Apathy and meekness may be caused by constant verbal abuse from a caregiver - or the result of lowered self-esteem and depression, which are affective problems not uncommon among the older elderly. Loss of money may be the result of intimidation or theft by family or staff members - or due to forgetfulness or confusion on the part of an older person. Inappropriate clothing, unkempt appearance, and malnutrition in elderly people may be due to neglect on the part of their caregivers - or may be the result of self-neglect or even stubborn insistence on the part of an older person who wishes to retain control over their person. Too often, perhaps, professionals dealing with the elderly will assume the second option in diagnosing the causes of an older person's condition (O'Malley et al, 1983:1002) to the extent that they are "blaming the victim".

Guidelines listing the signs or symptoms of elder abuse, for use by human service professionals, are diverse (Alberta Senior Citizens Secretariat, n.d.; Bookin and Dunkle, 1985:5; Ferguson and Beck, 1983:302; Ontario Advisory Council on Senior Citizens, 1986; Podnieks, 1985a; Rathbone-McCuan and Voyles, 1982:190-192; United States Department of Health and Human Services, 1980,in Fulmer, 1984; Washington State Medical Association, 1985, in Council on Scientific Affairs, 1987:968). In these guidelines, elder abuse is usually divided into four or five categories, including physical and sexual abuse, psychological or psycho-social abuse, financial abuse or exploitation, and neglect. Several signs or symptoms are spelled out within each category. Examples are as follows.

- Signs of physical abuse include unexplained or repeated injury, muscle contracture caused by immobilization or physical restraints, welts, lacerations, bruises, burns, infections, punctures and fractures, evidence of excessive drugging.

- Signs of sexual abuse include bruises or bleeding in genital area, venereal disease, difficulty in walking or sitting, pain or itching in the genital area.

- Symptoms of psychological or psycho-social abuse include exhibition of resignation, fear, shame, depression, mental confusion, marked passivity, anger and insomnia on the part of the victim; and threats, insults, harassment, harsh orders, social constraints and withholding of affection, on the part of the caregivers.

- Indicators of financial abuse or exploitation could be failure to pay rent or utility bills, sale of property by an elderly person who seems confused about the reasons for the sale, depletion of an elderly person's savings account, confusion about finances, disappearance of elder's possessions, lack of cash or clothes, absence of money for any social activities, on the part of the older person; and management of a seemingly competent aged parent's finances, by an adult child or caregiver.

- Signs of either malicious neglect or benign neglect (in either case, deprivation of care) may be malnutrition and the pallor and weight loss that accompany it, signs of hypothermia, poor personal hygiene, inappropriate dress, unattended physical problems or medical needs, absence of dentures, eye glasses or hearing aids when these are needed, the person seen wandering dangerously, or alternatively, never seen outside the place of residence, or abandonment of a dependent elder.

The point must be made (as it is in the Alberta Senior Citizens Secretariat handbook Elder Abuse and Neglect) that the presence of any one of the indicators listed above does not necessarily imply that abuse is taking place; but it does mean that further investigation is warranted.

Observation of the face-to-face interaction between the older person and adult child or caregiver may also reveal indications of abuse (Ferguson and Beck, 1983:302; Rathbone-McCuan and Voyles, 1982:191-192). Behaviours to observe would be: whether the adult child/caregiver is willing to touch, talk, look at or listen to the aged parent; whether the elder's response is fear or withdrawal; whether the parent/elder's posture is relaxed or rigid; whether or not the adult child/caregiver expresses severely ageist attitudes or reacts strongly against suggestions regarding the elder's care; whether the elderly person looks anxious, e.g., eyes darting, in the company of the adult child/caregiver. These observations can be made in an office or, more effectively, in the dwelling of the suspected victim.

Another important location for detection, according to Hooyman et al (1982:10) is the emergency room, where interdisciplinary expertise, including physicians and social workers, is immediately available to complete the screening steps, which include a comprehensive, minutely detailed physical examination and interviews with family caregivers (when possible).

Given the diversity of categories of elder abuse and the number of different professionals who are exposed to elderly people on a regular basis, it might be very useful to have standardized, national guidelines for detection of elder abuse that could be used by all. The utilization of these would result in somewhat more valid and reliable data, as well as a better understanding among different professional groups, such as doctors, police and social workers, of what each group is looking for and finding, in cases of elder abuse.

4. MANDATORY REPORTING AND PROTECTIVE LEGISLATION

4.1 Basic Barriers to Reporting

The primary hindrance to reporting cases of elder abuse is the reluctance of victims to report or admit to their own abuse. In the case of elderly parents victimized by their own children, for example, many deny or do not report their abuse for fear of retaliation or abandonment to an institution, or because of feeling ashamed to have brought up children who would wilfully harm them, or because for them family violence is normal behaviour, or because they are unable to express themselves due to language barriers or cognitive impairment. In the case of spousal abuse in old age, the same fear of retaliation, shame, habits of interaction or inability to communicate may be at work. For older people in institutions, anxiety about reprisals or forced relocation may silence them.

For people working with the elderly, reporting elder abuse is a particularly difficult issue. First of all, to follow up suspected cases and/or accuse perpetrators is often regarded as a violation of the privacy of the family. Another reason for lack of reporting, as pointed out in the American literature, is that many health care professionals minimize complaints of elder abuse because of disinterest in the elderly generally, disbelief, fear of accusing the perpetrator and being sued, or lack of awareness of the extent of the problem (Council on Scientific Affairs, 1987:967).

For direct service providers, such as home support workers and nurses, reporting of elder abuse is also problematic. Where there are reporting protocols established (and increasing numbers of organizations serving the elderly are doing this), there is often a lack of follow-up counselling or resources available, such as an appropriate alternative residence for the abused or adequate home support services for caregivers. Sometimes, the

consequence of reporting is that the abused older person is removed from the family or couple household and placed in an institution, a living arrangement which most older people will do almost anything to avoid.

In special facilities for the elderly, nurses have the dilemma of reporting on their friends and colleagues, but in Canada they have the ethical responsibility to do so, as defined by the Canadian Nurses Association (Podnieks, 1985:38).

4.2 Who Reports Elder Abuse

Physicians apparently report few cases of any type of abuse (Belanger, 1981; Palincsar and Cobb, 1982:412; Shell, 1982), whereas emergency room staff are leaders in reporting all types of neglect, and clergy rank high in reporting abuse and neglect (Palincsar and Cobb, 1982:412). Until recently, police have been unwilling to incorporate elder abuse as a distinct category of mistreatment, resulting in an absence of reports and therefore scant data (Hudson and Johnson, 1986). Changes are being made, however, in certain areas in Canada, so that education about and protocols for reporting elder abuse are starting to be included in police academies' curricula.

4.3 Mandatory Reporting

The mandatory reporting of cases of elder abuse is a particulary contentious issue. It has been argued by Katz (1979-80) and others, that mandatory reporting of elder abuse is undesirable, because the definition is so broad and varied, because professionals are afraid of being sued for wrongful accusations, and because the result of reporting is so often the institutionalization of the abused.

In support of mandatory reporting are the arguments that crimes must not go unreported, that we have a social responsibility to try to protect the most vulnerable members of society, that keeping statistics on elder abuse would give us a better idea of its incidence and nature, and making it mandatory might take some of the burden of decision-making off individual professionals in the field.

In general, statements in favour of mandatory reporting allude to public good and responsibility, whereas those against tend to focus on possibly undesirable consequences for the victim, such as institutionalization (Blenkner quoted by Girard,1985; Bristowe, 1987; Katz, 1979-80; Ontario Advisory Council on Senior Citizens, 1986; Pratt et al, 1983; Salend referred to by Blokland, 1984; Shell, 1982).

Several cautions and suggestions around mandatory reporting of elder abuse are that: reporting elder abuse may invade the rights of individuals, including mentally competent, abused individuals; mandatory reporting is only suitable when support systems are in place for follow-up or when expansion of them goes hand in hand with mandatory reporting legislation; multidisciplinary teams should be responsible for assessment, reporting and review of abuse cases; those who report cases should be immune from lawsuits; respect for the quality of life and autonomy of the abused older person should always be paramount; abuse reported through a protective social service agency rather than a law enforcement agency would tend to be regarded as less punitive and more therapeutic (Bristowe, 1987; Elder Abuse Work Group, Saskatchewan, 1986; Shell, 1982).

Regarding protective legislation, there are arguments both for and against it. On the negative side, Katz (1979-80), Purdy (1988), other researchers and some seniors groups argue that enacting special protective legislation for older adults equates advanced age with incompetence; that as adults, they should be allowed to live at risk. On the other hand, it must be recognized that those elderly people who are being abused are generally less physically, psychologically or cognitively competent than other seniors and they are typically older and more dependent than members of politically active seniors groups who voice concerns about self-determination.

Half of the American states and half of the Canadian provinces have special legislation of varying kinds that is concerned with the abuse of older adults. In Canada, there are: Prince Edward Island's Adult Protection Act, Nova Scotia's Adult Protection Act, New Brunswick's Child and Family Services and Family Relations Act, Ontario's Nursing Homes Act, and Alberta's Dependent Adults Amendment Act. In addition, several provinces are working on the development or expansion of legislative packages. It is apparent from the number of task forces, research projects and committees on elder abuse that are active in the provinces that efforts are being made to address the problem through numerous channels, including protective legislation for older adults.

5. INTERVENTION AND TREATMENT

A repeated and often poignantly phrased message found in the literature on intervention and treatment of elder abuse is that, first, the elderly in general have a right to live at risk, and, second, the abused elderly have the right to refuse intervention and stay in situations of their own choosing, even when these situations are regarded as unsavoury by outsiders. Douglass (1983) claims that intervention is only called for in the most severe cases of purposive neglect and abuse.

Conversely, if the elderly persons being abused do not know about their rights, about the optional living arrangements that may be available to them, or about the home support services and counselling that may help both them and their abusers; and if their physical, psychological and /or financial well-being are being threatened or devastated by family members or other caregivers while they suffer in isolation, helplessness, fear or ignorance, then it is evident that society has an obligation to intervene.

Before intervention is initiated, however, a number of questions must be asked. Is the person about to intervene really knowledgeable about aging and the aged and the particular dilemmas of elder abuse? Is this knowledge being used to determine intervention strategies and treatment goals? Will intervention deny the right of the elderly person to self-determination? Will intervention ultimately improve the quality of life of the victim? Are there enough social workers trained in intergenerational counselling available to counsel all the family members in an abusive family situation, and to provide continuity? Are there adequate and appropriate follow-up services available, such as home care services, respite programs, adult day care, transition houses, and education and training in the care of the frail elderly, which are needed to assist both the abusers and the abused? Will intervention lead to more positive relationships in an abusive family, or is there a possibility that intervention may result in increased hostility and abuse from the abuser(s)? Is the nursing home or residential care home that is willing to take the abuse victim likely to provide a better quality of life for the elderly person? Is this the least restrictive alternative to on-going abuse? Are there ways of reducing the isolation of the abused by making them part of a community network? What information has been gathered on the nature and outcomes of interventions in other elder abuse cases? These and other questions must be asked when intervention into cases of elder abuse is being considered. (Based on considerations of intervention discussed by: Alberta Senior Citizens Secretariat, n.d.; Bookin and Dunkle, 1985; Elder Abuse Work Group, Saskatchewan, 1986; Girard, 1985; Hooyman et al, 1982; and O'Malley et al, 1983.)

It is hoped that as awareness of the problem and ways of ameliorating elder abuse expand, so will the availability of support services to help both the abused and the abusers, thus making intervention more promising.

Regarding treatment models - there are various ones for dealing with elder abuse. Three in particular are assessed (by Crouse et al, 1981, in Hudson and Johnson, 1986). The child abuse model encompasses protective treatment, mandatory reporting and the responsibility for problem resolution in the hands of the helping agency. An advantage of this model is that it sets in motion the machinery for dealing with both the immediate and longer term situation. A disadvantage of this model is that the victim loses her/his rights to determine the action taken. (This could be regarded as doubling the abuse of an older person's rights.)

Second is the domestic violence model, which entails a short-term protective intervention strategy, focusing on crisis resolution by treating the symptoms, but not the causes of elder abuse. In this model, authority is given to law enforcement personnel, the courts, etc. The advantages of this model are, first, that it can allow for swift action, which is necessary when the life of an abused person is perceived to be in peril; and second, that the presence of the law may make the abusers aware of the seriousness of their actions. The disadvantages are that, if used in isolation, this treatment model does nothing to solve the larger, historical problems manifested in elder abuse, and sometimes, can lead to such resentment on the part of abusers that they escalate their brutal behaviour.

A third treatment model is the advocacy model, which is usually tied to other treatment models. It is oriented toward prevention and protection. This model promotes education, training, and advocacy in the amelioration of elder abuse.

Regardless of which model or combination of models used, it is recognized that there must be a balance struck between family and individual needs for privacy and the state's obligation to ensure the well-being of its vulnerable citizens.

A fourth and reportedly effective intervention model for dealing with elder abuse is the family systems model. This model recognizes the family as the unit of analysis, as more than the sum of its parts. The needs of individual members are recognized, as well as the interactive stimulus-response patterns entrenched in family life. The approach is to deal

with every member of the family, not to identify simply one person or thing as "the problem". In this way, causes and consequences are dealt with by means of longer term counselling and referral, rather than just dealing with presenting problems (Wolf, 1987; Edinberg, 1986).

As more is known about the nature of elder abuse, and more experience of working with both victims and perpetrators is reported in the literature, more appropriate treatment models which recognize the adult status of the victim as well as the psychopathology of the abusers will undoubtedly be developed.

6. PREVENTION

Strategies for prevention of elder abuse can be implemented at the personal, family, community and societal levels.

At the personal level, seniors can be warned to safeguard their person and property by means of prevention suggestions, which could be written and included in monthly pension cheques, given to public health nurses, doctors, police, visiting homemakers and others for distribution to the elderly in the community, and articulated on television shows that the elderly are likely to watch (news and drama in the afternoon and early evening). Content could include a definition and examples of abuse, encouragement to report abuse to any of those professionals listed above, and some specific suggestions for prevention, such as:

- Do not be afraid to ask for help when you need it, from a public health nurse, senior centre, church, or friends.

- Have your pension cheques deposited directly into your bank account.

- Do not allow adult children (especially if they have a drug, alcohol or psychological problem) to return home without carefully considering the situation and seeking advice from others who know you and your family (National Film Board, 1988).

At the family level, similar means could be used to encourage adult children and other caregivers to look realistically at the situation of providing care to an elderly person, whether they are considering that situation or in it. Descriptive information could be given about the support services available to caregivers (such as day programs for seniors,

respite care, visiting nurses) with the names and telephone numbers of the helping agencies in their areas. Because social and health services are so varied by region, this information would best be in the form of newspaper ads (perhaps full-page ads, appearing the same day, in all the newspapers in the region); flyers; and news specials on local radio and television stations. Some examples of prevention suggestions to families are:

- Find out ahead of time how your elderly parent or relative wishes to be cared for if they should become dependent or require medical care. Find out how they want their assets spent or maintained.

- Don't take in an older relative on the spur of the moment, e.g., at the death of one parent or because you feel guilty.

- Examine the physical realities of the home into which the older person may move - is a first floor bathroom required? Are members of the family going to have to share a room to accommodate the older person? (ibid)

In the case of suspected or proven abuse, counselling family members or other abusers and making appropriate information and supports available to them may prevent continued abuse.

At the community level, in addition to a number of the strategies listed above which require community co-operation, front line workers in community centres and social service agencies can be more fully educated about the indicators of elder abuse and steps to be taken when it is suspected. Institutions and social service agencies within municipalities may wish to get together and co-ordinate efforts to establish standardized core components of reporting protocols. Community colleges could ensure that their training of nurses, health care aides, homemakers and family workers specifically addresses the problem of elder abuse.

These strategies are ineffective, of course, without back-up resources available, in the form of adequate and appropriate support services in place for both caregivers and elders. Adult day care, homemaker services, visiting nurses, temporary institutional respite care, counselling, and plenty of activities that create and maintain older persons' contact with the community, are examples of services that may prevent elder abuse.

At a national level, much needs to be done. All the professional schools in Canada (such as schools of medicine, social work, law, nursing) could make studies in gerontology or geriatrics part of the core curricula, rather than the optional courses requiring minimal hours typically offered. A general knowledge of aging and the elderly is and will increasingly be needed by all these professionals in their daily work. Such knowledge would sensitize them to the changes that accompany normal aging, thus allowing them to better identify deviant, potentially abusive situations.

Also at the national level, information exchange among different groups of people who work with and for the elderly will increase everyone's awareness of the causal factors and indicators of, and ways of preventing or alleviating, elder abuse.

Recommendations for the prevention of elder abuse at the societal level offered by Elizabeth Podnieks (1981) include:

- reversing our society's approval and promotion of violence in the community and at home;

- using all possible means to reduce stresses within families because these are the forerunners of violence and abuse;

- facilitating meaningful relationships between families and their neighbours and communities to counteract the isolated existence of so many;

- changing the balance of power, decision-making and sharing of household tasks to alleviate the gross inequalities and discrimination suffered by the elderly and women;

- interrupting the historical patterns of violence in generations of families.

These recommendations call for both structural and cultural changes in our society in order to prevent the exploitation and abuse of the elderly.

7. RESEARCH

Without research, little can be done to address the other issues discussed in this paper. The characteristics common to and different from other forms of family violence, clear and testable definitions, the incidence and nature of elder abuse, the relationship between abuser traits and type of abuse, the validity and reliability of research carried out to date, public awareness of the problem, the education and training of professionals who will increasingly have elderly people as clients, indicators of different types of abuse, legislation framed specifically to address elder abuse, appropriate intervention considerations and treatment models, prevention strategies at all levels - all of these issues require a sound knowledge base and this requires research.

For example, definitions and operationalizations of various types of elder abuse can only be clarified by research into the validity and reliability of various research methods. Detection guidelines can benefit from the gathering and amalgamation of reports. Reporting mechanisms need to be tested and assessed. Research into treatment and intervention models is required in order to develop appropriate, composite models which incorporate alleviation, education, prevention and advocacy. This requires exploratory work.

Data collection has an important role to play in the understanding and prevention of elder abuse. A valuable source of information and insight, for example, is workers who are in the front lines dealing with elder abuse. They need to be encouraged to record and share their findings and wisdom, so that others might learn.

One of the main problems hampering research on elder abuse and neglect, as alluded to in the discussion of detection, is the nature of the problem itself. Victims are so often isolated, so often unwilling or unable to report their abuse, that the bulk of research carried out to date has relied upon the testimony (impressions, recall and record-keeping) of professionals working in the field. Respondents have included physicians, nurses, home care workers, nursing home or residential care administrators and staff, social workers, law enforcement officers and social service agency personnel. Understandably, the methodological problems of questioning abuse victims at all, let alone achieving full candour from them, are enormous.

A recent study by Pillemer and Finkelhor (1987) involving telephone and personal interviews with victims of abuse involved a 30 minute screening telephone interview with a sample of community-dwelling elderly in Boston to determine if there was any indication of abuse. Those who were identified as victims were contacted again and interviewed in more depth. This research technique is unusual in the field in that questions were asked of the actual victims of abuse.

With increasing public awareness of the problem of elder abuse, and expanding support for both victims and abusers, it is likely that more victims will make their voices heard.

8. CANADA'S RESPONSE

Internationally, Canada is well known for the priority it gives to the prevention of family violence. In 1986, Canada participated in a United Nations Experts Group Meeting on Family Violence. This meeting was held as a result of a Canadian recommendation. In the spring of 1987, at the European meeting of Ministers Responsible for Social Affairs, Canada put family violence on the agenda as a major social concern. And later that same year, the Canadian government made a major policy statement to a United Nations inter-generational consultation on social welfare asserting that family violence should be a concern in all societies. Canada is increasingly called upon to provide information, advice and assistance to other countries and international organizations concerned with the social welfare of their citizens (Government of Canada, 1988).

Nationally, the federal government has responded to family violence in several ways. It has pledged a total of $40 million to be spent by six federal departments over a four year period (1988-1992) to help address the problem of family violence. The six departments involved in this initiative are Health and Welfare Canada, Canada Mortgage and Housing Corporation, Justice, Solicitor General, Indian and Northern Affairs and Secretary of State. Health and Welfare Canada, the lead department responsible for co-ordinating federal initiatives, has been allocated over $5 million of this earmarked money, in order to work closely with other federal departments, other levels of government and community organizations which are involved in the development of policies and programs aimed at curbing family violence and victimization. Systematic federal-provincial consultations form a major part of the partnership-building process and in developing a coherent national approach to deal with the problems of violence in the family.

At the federal level, Health and Welfare Canada makes contributions available to eligible groups for projects addressing elder abuse which are in keeping with the objectives of the Seniors Independence Program, the New Horizons Program and the Family Violence Prevention Division.

Provincial governments have also responded to their awareness of the problem of elder abuse. As mentioned already: some have enacted special legislation which recognizes elder abuse; others are working on legislative packages; several have commissioned studies and published reports on elder abuse, which have served as references for this paper; all have expressed concern about the problem and a willingness to participate in information exchange.

At the municipal level, a number of initiatives have been taken. Only two examples are presented here. First, the Council on Aging of the Regional Municipality of Ottawa-Carleton (RMOC) conducted a survey of local institutions and service agencies to get a picture of the problem of elder abuse in RMOC and some idea of the number of organizations which have established reporting protocols. They organized and staged a forum on elder abuse with speakers and workshops, and developed a model for an educational program on elder abuse. The results of all three activities have been published. Another example is the Kerby Centre in Calgary, a large multiservice centre for seniors, where the social work department watches for, records and responds to signs of elder abuse among its clients.

Canadian university students in social work, nursing and the social sciences are also showing concern for the problem by producing theses and research papers about elder abuse, some of which are included in the bibliography of this paper. More research will hopefully lead to the inclusion of this topic in all courses concerned with the family, violence in society, women's studies, gerontology, and service delivery.

9. CLOSING COMMENTS

We must tread a narrow path in attempting to relieve those older adults in our society who are abused by their family members. If we bypass their right to determine where they want to live and with whom, we are denying their adulthood. On the other hand, by

allowing them to be coerced into remaining in a possibly fatal situation, we are partners in crime. In making decisions, it is the rights and the well-being of our elders which must remain paramount at all times.

With regard to those elderly frail people who live in special facilities, many of them are there because they have few or no family members remaining (unattached older women make up the bulk of nursing home residents). They are in the hands of paid care workers - and subject to their kindness or abuse - twenty-four hours a day. These workers, their working environment and their training warrant close scrutiny. With so many dignities already taken away, institutionalized elders deserve the active protection of their human rights.

In dealing with this complex issue, we must not automatically assume that we can apply American research results to the Canadian context. The American systems of social welfare and health care are fundamentally different from our own and do affect research questions and answers. We need more research carried out in the Canadian social and physical environment.

Finally, we must be careful in our outrage at family violence, that we do not usurp social rights when trying to improve social welfare.

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THE PARTICULAR DILEMMAS OF ELDER ABUSE

A. Context

Concern about elder abuse has evolved from awareness of other types of abuse. In the 1960's, research on child abuse uncovered cases of the abuse of women. In the 1970's, research on wife abuse revealed that elderly women were being battered by their children, and this led to further investigation of abuse of the elderly. In the 1980's, more and more attention has focused on elder abuse in all its forms: financial, psychological and physical abuse, and neglect.

Researchers, policy makers and practitioners are finding that there are a number of characteristics common to the three recognized forms of abuse (child, wife and elder abuse) which are generically known as "family violence". While elder abuse does share certain features with wife and child abuse, however, there are also several dilemmas that are particular to this phenomenon. In this paper, the ways in which elder abuse is similar to other forms of family violence are briefly outlined, followed by a fuller description of some special features of elder abuse.

B. Similarities to Other Forms of Family Violence

As in other forms of family violence, both victims and families are socially and sometimes geographically isolated. Victims are in a weakened, powerless and dependent position relative to perpetrators. Abuse occurs when those family members who are expected to be responsible do not have the physical, psychological, or practical resources to deal effectively with other family members. In addition, the perpetrators very often have a history of alcohol abuse, psychopathology, low self-esteem and unemployment. There is frequently a history of family violence. The overwhelming majority of abuse victims are female.

C. The Particular Dilemmas of Elder Abuse

Certain aspects of elder abuse are either unique to the problem, or are more extreme than similar aspects of wife and child abuse. These are:

. the absolute isolation of some elderly people

. dependency based on disabilities and disadvantages associated with aging

. the chances of being institutionalized

. the adequacy of resources required to care for dependent older people

. the stigma of being an abused parent

. social attitudes toward the very old

C.1 Isolation

Isolation, recognized as a key factor contributing to family violence of all types, can be even more severe for a frail, dependent elderly person than for a wife or a child. Abused elderly persons, especially those living with their offspring, can be totally without connection to any individual or group who may be in the position to defend or help them.

A homemaker, for example, usually has certain tasks she will carry out in public - such as buying groceries, banking, taking children to school. Each of these activities gives her a chance to reveal her abuse (intentionally or unintentionally), or to seek advice and assistance. An abused woman who works in the labour force has even more chances of

seeking or being offered support, maybe by a co-worker who recognizes the evidence of abuse, or by an employer who manages to uncover the reasons for repeated absenteeism.

A child, by virtue of being part of the pre-school or school system, and being likely to be seen by doctors for a series of childhood illnesses, again has more connection with people in the outside world, and hence there is more probability of a child's abuse being detected.

Those older people, however, whose activities of daily living do not include doing errands in the neighborhood, who are not part of the labour or volunteer force, who do not function within any formal social systems (such as the educational system), and whose social network is constantly diminishing due to the death or disability of friends, can be totally isolated and "never missed". This puts them at greater risk of repeated or prolonged abuse than younger people.

Another factor contributing to the isolation of the elderly could be their own internalization of social attitudes toward them - that is, they may feel that they are old and useless and unattractive and should disengage from society. Or, they may simply be unable to get out due to certain impairments, and they may refuse any help offered. Therefore, structural, physical and psychological factors contribute to the isolation of some older people in our society.

C.2 Dependency

Part of the general knowledge about family violence is that dependency is correlated to being abused. The oldest elderly are more likely than people in other age groups (other than very young children) to be dependent on others to carry out their activities of daily living, due to physical disability, cognitive impairment or financial disadvantage - all of which are factors associated with aging.

Physical disability may be severe, as in paralysis caused by a stroke; moderate, as in limited mobility due to arthritis; or mild, as in lessening muscular strength and balance due to aging. Disability may also be in the form of sensory impairment, such as diminished eyesight and hearing. Whatever the type or degree, the likelihood of physical disability increases with age. Consequently, there is increased likelihood of the old being partially to fully dependent on others to assist with or carry out their activities of daily living.

Cognitive impairment is more common among the elderly. Its prevalence, especially the incidence of Alzheimer's Disease and related dementias, increases dramatically with age. With the old-old population growing at a faster pace than any other age group, the numbers of cognitively impaired older people who are dependent upon untrained and sometimes resentful caregivers is increasing. Moreover, confused and demented older persons can be extremely difficult and violent themselves, and this contributes to a context for elder abuse.

The financially disadvantaged position of the elderly, especially elderly women (whose financial predicament is typically the consequence of structural barriers beyond their control), can put them in situations of dependency somewhat like that of children. Unlike younger adults, they are seldom in the position to earn money. This can result in living arrangements where well-being is traded for survival.

In short, as a result of a number of factors which are associated with aging and are beyond the control of aged people themselves, the elderly are likely to be dependent on others to help them with their everyday lives, thus putting them in situations where they are vulnerable to abuse.

C.3 The Chances of Being Institutionalized

With increased longevity, chances are that frail elderly persons, more than any other group of people, will spend some time living in institutional settings, such as homes for the aged, nursing homes and chronic care hospitals. Research has revealed that abuse does exist in some of these places: physical abuse, such as rough handling and shoving; psychological abuse, such as infantilization and yelling; material abuse, such as theft of personal possessions; and neglect, revealed by bedsores, soiled clothing and so on.

Older people in institutions can be very isolated, due to lack of family support (many residents of long term care facilities are single or widowed childless older women and others who have no immediate family). If they are victims of abuse they may not have anyone to turn to, and they may not complain about their abuse within the establishment due to fear of retaliation in the form of escalated abuse or blatant neglect, or due to the fear of losing their "home", such as it is.

Even if elder abuse is taking place, staff in these institutions may be reluctant to discipline or report co-workers, or they may be so familiar with certain forms of maltreatment of patients, that they may not even define them as abusive.

Thus the frail elderly, especially those without family members to look out for them, are at risk of spending time in institutions and being abused or neglected by formal caregivers. This takes the problem of elder abuse beyond the boundaries of "family violence".

C.4 Adequacy of Resources

Housing and caring for an aged parent who needs assistance with everyday living can require an array of resources: space in the home; physical and mental health and strength; enough money to provide food and extras; understanding of any physical and cognitive impairments the older person might have and the emotional maturity to deal with them; a support network of family members or members of a helping organization, to provide respite; training in basics such as lifting and bathing; and most importantly, the time and the will to provide care. Some children whose older parent or parents live with them lack all these resources. Especially disadvantaged are those caregivers who are old, infirm and financially strapped themselves. In general, the fewer the resources, especially emotional maturity, mental health and financial resources, the greater the chances of elder abuse taking place.

For those elderly people (mostly women) who are abused and want to escape their abusers, there are few resources. Transition houses for battered wives do not ordinarily address themselves to older women. Nursing homes and such are often regarded by older people as a worse evil when compared to living in an abusive situation at home.

In long term care institutions, the resources required to care for elderly dependent persons, especially those who suffer from dementia, are multitudinous, for example: adequate numbers of properly trained staff, who understand and care for the residents; enough money to provide activities to meet the social, psychological, mental and spiritual needs of the residents; spaces where the caregivers can have visual and auditory privacy from their patients; enough space for residents to enjoy privacy and safety from other residents who may be irrational, irritating or violent; the best possible health care; and assistance with the activities of daily living. Too many facilities for the elderly lack adequate resources in all these categories, with the result that they become settings for neglect or abuse.

Thus, the resources required to provide satisfactory care to frail elderly people who need help with their everyday lives are extensive. They are also in short supply. Lack of such resources can contribute to the incidence of elder abuse.

C.5 Social Stigma of Being an Abused Older Person

Victims of abuse by their children bear the stigma of having raised a child who mistreats them. As a result, they may not report their abuse and may very well deny that they are abused even when evidence points clearly to the contrary.

Although guilt and feelings of responsibility on the part of the abused are not peculiar to victims of elder abuse, their situation may be different from abused wives and children in that their guilt may have foundation - that is, if they are receiving abusive treatment similar to what they gave their own children.

With the problem of elder abuse being so recently brought to light, older people are not as aware as children and younger women are of their rights or of the public will to prevent and alleviate abuse, an awareness that helps to overcome the stigma and guilt that so often plagues the abused. For elderly persons who are confused, deaf, blind, or totally disconnected from the outside world - and these are the ones at greatest risk of abuse - such awareness is most unlikely.

C.6 Social Attitudes toward the Aged

It is certainly to the disadvantage of elderly people that signs of aging and old age are regarded with antipathy in our culture. Attitudinal research has revealed that both professionals and the general public are prejudiced against old people. The elderly are

often regarded and represented as useless, unattractive, slow, complaining, bull-headed, confused and asexual. From the perspective of family members, too, it can be seen that aged dependents are considered far less appealing than young children. The physical and mental decline of the old is opposite to the growth and learning displayed by children, and can therefore contribute to the discouragement of caregivers.

Children, women and the physically disabled generally have far more public and professional attention and support than the elderly. For example: media people will readily donate time to raise money for a children's hospital or for research to find a cure for fatal childhood diseases; women's organizations have numerous sources of money for carrying out research, projects and education, and powerful lobby groups, all working toward the goal of women's equality; the disabled are successfully influencing building codes and urban planning, and they have their champions. But what about the vulnerable, older elderly?

Until "old is okay", the elderly will continue to be at a distinct disadvantage in terms of social attitudes toward them and the resultant public energy that will go into improving their lives.

C.7 Summary

In summary, the problem of elder abuse has several features which make it distinctive from other forms of family violence:

- older people can be totally unplugged from society, "never missed", a situation which puts them at risk of abuse;

- much of their dependency is due to disabilities and disadvantaged associated with aging and completely beyond their control;

- the frail older elderly are more likely than other age groups to spend some time living in institutions where they may be abused by formal caregivers - this takes elder abuse beyond the boundaries of family violence;

- the resources required to care adequately for an elderly dependent person who needs help with the activities of daily living are extensive and in short supply;

- the stigma and guilt of being an abused elder is especially hard to relieve, first, if that person was an abusive parent, and second, when public awareness of and support for abused elders is fledgling;

- aversion to aging and the aged in our culture may retard interest in finding solutions to elder abuse.

D. Cautions

Although the purpose of this short paper is to point to the features or dilemmas which are particular to elder abuse, it should not be concluded that abuse of the elderly is a "problem apart", an issue to be addressed only by gerontologists, geriatricians and geriatric social workers. Instead, elder abuse is a "problem plus", since abused older people not only share many predicaments with abused people of other ages, but in addition, their problems are compounded by factors related to old age, most of which are completely beyond their control. These features, which add to both the complexity and deplorable nature of elder abuse, need to be recognized and taken into account by researchers, policy makers, program developers, social workers and others involved in responding to family violence.

E. Questions

- How to reduce the chances of seniors becoming absolutely isolated?
- How to reach those who are isolated and at risk?
- How to identify the specific resources the caregivers are lacking?
- How best to provide assistance/training/counselling to family caregivers in potentially or actually abusive situations, especially those who may resist such "intrusion"?
- How to increase awareness/education/training around elder abuse in institutions?
- How to make older people and those who work with and for them more aware of what constitutes abuse, how to detect it, what supports and alternatives etc. are available?
- How to make public and professional attitudes toward the elderly more positive?

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THE PROBLEMS OF DOING RESEARCH ON THE NATURE AND PREVALENCE OF ELDER ABUSE

A. Background

Research is essential to understanding the nature and extent and possibly the causes and solutions to elder abuse in our society.

Conducting research on elder abuse, however, is exceedingly difficult, due to the very nature of the problem. As far as we know, elder abuse takes place for the most part "behind closed doors" within the realm of the family. It is rarely reported, abuse victims are often unable to define or articulate their abuse, or they may be too ashamed of having raised children who would abuse them, or they do not report abuse for fear of being cast out of their familial or institutional home.

This brief paper is about doing research on elder abuse. It is neither a list of the specific weaknesses and strengths of the research methods used to conduct identified studies on elder abuse, nor an academic exploration of the intricacies of particular research methods, tools and tests. Instead, this paper discusses in everyday language some of the problems that are encountered in applying standard research approaches to elder abuse.

The purpose of this paper is to enhance non-researchers' understanding of conducting research on elder abuse, in the hopes that they will become involved in seeking solutions to some of the problems inherent in the process, and so that they will be more discriminating consumers of research findings.

B. Explaining the Problems of Doing Research on Elder Abuse

In general, the published studies on elder abuse have a number of short comings which relate to their research methods. These weaknesses have to do with: **validity** (accurately measuring or capturing what they set out to do); **reliability** (collecting data in such a way that researchers obtain similar results with repeated studies using the same methods); and **generalizability** (the degree to which the research results can be generalized, beyond the people selected for the study, to a population). The challenges of doing valid, reliable and generalizable research on elder abuse are numerous.

B.1 Validity

When setting out to study something - in the case of elder abuse, it is a certain range of behaviours, some of which are criminal -you rely on either observing first hand and recording what you see, or you rely on other people's recording, recall or interpretation of events.

In the case of elder abuse, the first method - direct observation - is almost always out of the question, due to one of the key features of the problem, that is, the isolation of the abused. Although there is the possibility of being a participant (an "under-cover observer") in a nursing home or in a social work or homemaker situation, for instance, and observing abuse first hand, the ethical problems associated with this method will almost always rule it out.

Another observation method is looking for traces or evidence of abuse. Although this can be an effective means of detecting abuse of various types, it has its weaknesses too. How do you get close enough to a sizable sample of older people to check them for signs of abuse? Many of those professionals (such as physicians and social workers) who are able

to get close enough to victims to see signs of abuse do not recognize them as such. This could be because they are not knowledgeable about elder abuse and readily attribute physical injury or fear or confusion about finances to "old age", whereas these could be the symptoms of physical, psychological and financial abuse. Even for those people in the human services who are aware of the risk of abuse in certain situations, detection criteria are neither standardized nor widely distributed.

The most desirable source of information on elder abuse is the subjects - the victims - themselves. They are also the most difficult sources of information to draw upon, given the obstacles already outlined: their isolation, shame, fear or communication handicaps. Another source of information is seniors in general, who can be randomly sampled in an effort to reach those who may reveal abuse. The most common source of information on elder abuse, however, is "key informants" - those people who work in the human services and are assumed to interact with the elderly members of society on a regular basis. Researchers often rely on their recording, recall or interpretation of events.

There are several problems associated with relying on other people's records of elder abuse cases. Similar to cases of wife abuse, rape and other crimes of the person, only a small proportion of cases are recorded. This is because: first, victims are reluctant to report their abuse; second, even if they want to, they may not know who or what agency to report it to; and third, an agent or intermediary, such as a social worker, police officer, or public health nurse, may not record the case as "elder abuse", either because the case is not recognized as such, or because they have no formal mechanism or protocol for doing so.

Relying on the recall of informants has its inherent problems. When asking questions of people who come into contact with the elderly, such as nurses, social workers, police, homemakers, physicians, clergy and so on, a researcher is relying not only on the informants' awareness and concept of the problem of elder abuse, which may be sketchy at

best, but also on the accuracy of their memory and their record-keeping (if any). Added to this, there may be barriers to their candour - for example, someone who wants to protect a co-worker, or someone who is feeling guilty about being abusive themselves, is not likely to report their own implication in abuse of the elderly.

Another weakness of using key informants is that a number of them - for example, a priest, a social worker and a friendly visitor who work in the same neighborhood and with the same elderly population - may recall or even have recorded the same case, so that the one incident might be counted as three "cases" by the researcher. This problem can be overcome by carefully scrutinizing the files of the informants, but few researchers will be allowed to do this and not all workers keep complete files.

The problems of inconsistent record-keeping and recall are compounded by the even larger stumbling block of interpretation or definition. What one informant defines as a suspected or known case of "elder abuse" might differ substantially from another. One respondent to a questionnaire may report 50 known cases of elder abuse, because for that person, "elder abuse" includes not only physical, psychological and financial abuse, but also includes benign neglect. Or another respondent may report only 2 cases, because abuse to that person means such severe harm that the victim had to go to hospital. In other words, the lack of clear definition or interpretation of what constitutes elder abuse can result in invalid research results - meaning you haven't really measured or reported what you claim to have done.

Of course, a number of these problems of definition can be overcome by asking very specific questions of informants. "Never ask just one question when you can ask five." In order to ask very specific questions, however - such as questions about the exact type of injuries of physically abused elders, or behaviors that are very commonly exhibited by seniors who are afraid of their caretakers, or typical patterns of financial exploitation of

elderly parents by their children - we need knowledge. We need to know what precise questions to ask. The research which has been published to date, while plagued by methodological weaknesses, has been valuable in providing us with some general knowledge upon which we can base more specific research.

In summary - it is difficult to get a picture of elder abuse when the subjects are typically isolated, the symptoms are not generally known or spelled out, and records are only sparsely and sporadically kept. Consequently, research results are often merely a reflection of informants' impressions, certain agencies' records, and the accounts of those victims who speak out. This does not give us complete or balanced information on what we are looking for - a picture of the nature and prevalence of elder abuse.

B.2 Reliability

The lack of a standard definition and clear indicators for elder abuse not only hamper the validity of research (that is, actually gathering data and reporting on what you claim to be studying, already discussed) but also the reliability of findings, that is, getting similar results with different or repeated studies using the same methods.

The basis of any research project is a clear definition of the parameters of the concept and indicators of the phenomenon under study. Most studies and discussions of elder abuse include physical and psychological abuse within the parameters of the concept of elder abuse. The indicators include some, or all, or other than, the following:

. for **physical abuse** - the willful, direct infliction of physical pain or injury, rough handling, shoving, slapping, pinching, hitting, kicking, restriction of freedom of movement, sexual abuse; and

. for **psychological abuse** - socially isolating, insulting, threatening, yelling at, infantilizing, withholding affection or denying privileges to a person.

Frequently included in the concept of elder abuse are the elements of financial (or material) abuse and neglect. The indicators for these include some, or all, or other than, the following:

. for **financial or material abuse** - the theft or conversion of money or objects of value belonging to the elderly person by a relative or caretaker; and

. for **neglect** - failing to provide necessaries of life such as adequate heat, clothing, hygienic conditions; and denying social interaction.

Since the various types of elder abuse and neglect, as well as the indicators for them, tend to differ markedly among studies and discussions, research results cannot be effectively compared and very often appear contradictory.

Without a recognized limit to the parameters of the concept of elder abuse, without a standard definition and standard indicators, different studies will predictably produce different findings. Comparing these findings is sometimes like comparing apples and oranges.

Why does this matter? Why do we need research results from a number of separate but similarly conducted studies that more or less agree with each other? One reason is so that we can build a body of knowledge. Another reason is so that the results of studies can be tested for their reliability. If they are not reliable - if we cannot count on them to reveal some consistent truth - then what they add to our body of knowledge is considered questionable.

Maybe the findings of a certain study were influenced by the characteristics of the environment in which it was conducted. For example, a study limited to a nursing home environment will probably reveal some evidence of abuse of women by women. Does this mean that women are mainly the abusers and the abused in other living arrangements/environments? Or are the results skewed by the fact that the overwhelming majority of both residents and staff in nursing homes are female?

Maybe the results of another study were influenced by the characteristics of interviewers. Perhaps university student interviewers were considered so young by the respondents that they were less open in their accounts of elder abuse than they would have been with more seasoned interviewers. Would a very different picture of elder abuse be revealed to a different set of interviewers?

Maybe the results of yet another study are influenced by the desire of the researcher to be published, so the controversial and sensational findings are emphasised in the report, whereas those which generally agree with other research findings are down-played. Would another researcher using the same methods report the results with a totally different slant?

There are numerous factors that can influence both the results and the interpretation of findings. The selection of the subjects, the characteristics of interviewers, and the goals of the principal researcher - as illustrated above - are only three examples of many such factors. In order to add credibility to all aspects of the body of knowledge about elder abuse, then, it is necessary to test the existing "knowledge". This is done by carefully scrutinizing the methods and goals of research projects and then repeating the studies (perhaps changing whatever aspects of the method were considered "suspect") to test the reliability of the findings.

At the very least, what is needed to enhance the reliability of research findings on elder abuse, is a standardized definition and accepted indicators of abuse, so that research results can be compared - apples with apples, oranges with oranges.

B.3 Generalizability

Finally, there is the degree to which research results on elder abuse can be generalized. If studies are weak in terms of both validity and reliability, then their findings cannot be applied beyond the group that was studied, that is, in a general way to the older population.

For instance, if elder abuse is revealed to be high within a Native community, does this reflect something to do with older Natives in general, or with Native people, or with people who live in remote regions, or with people who are generally poorer than others? Can these research results be generalized to a larger population?

If most victims who actually come forward and report their abuse in a particular study, claim to have been physically abused, can it be generalized that most elder abuse is physical abuse? Or does it indicate that physical abuse is likely to be the only kind of abuse that the elderly register as "abuse"? Or do these results suggest that other seniors who are psychologically abused are actually more defeated, and for that reason do not come forward? Just how far can the results of self-reported abuse be generalized then?

Or - if police are well informed and police records are meticulously kept in a particular province, can we then generalize their data to the rest of Canada? How much does being well-informed about abuse affect reporting of it? How much do the varying characteristics of provinces - climate, ethnic composition, rural/urban nature, affluence - have a bearing on the incidence and nature of elder abuse?

Many factors can weaken the generalizability of research results on elder abuse. Given the lack of standardized definition and indicators of elder abuse, and given the difficulty in capturing a clear and balanced picture of both the nature and prevalence of the problem, we must be very cautious both as researchers and as consumers of research, about generalizing the findings of any particular study to a population/environment other than that of the research sample.

C. What Research Needs to be Done

We need to expand our knowledge and understanding of elder abuse, with a view to prevention and amelioration. Research is needed to do this - research of all types, for example: reviews of literature from other countries, to gain a larger perspective; reviews of files from social workers, physicians, police officers, emergency workers, public health nurses, and others, to get an idea of the kinds and distribution of abuse; interviews with both abusers and abused, to get descriptive accounts; large scale analyses of the characteristics of both abusers and abused, looking at all possible variables to establish what particular combinations put elders at risk of particular types of abuse; evaluations of programs and protocols that have been developed in response to the problem of elder abuse, to identify which components are essential and which ones do not work.

We should also look very carefully at the absence of elder abuse - at successful family and institutional situations where elderly, frail people, including those with dementia, are cared for in a loving way - and identify the positive factors that are common to these benevolent situations.

D. Suggestions for Improving Research on Elder Abuse

In order to do needed research effectively, there are at least three fundamental things that need to be in place:

- a standard definition of elder abuse, delineating both its parameters and its indicators;

- very specific detection guides, related to the indicators, which can be used not just by nurses and doctors, but by all human service workers; and

- protocols for each occupational group/institution to facilitate the reporting of suspected or verified cases of elder abuse.

With these frameworks in place, we should be able to research the incidence and nature of elder abuse with more confidence in the validity, reliability and generalizability of our findings.

E. Questions

- What is included in the definition of elder abuse? Does it just include physical, psychological and financial harm done intentionally to an older person? Does it include neglect?

- What constitutes physical abuse - beating? pushing? rough handling? what else?

- What is included in the definition of psychological abuse - threats? derogation? infantilization? What else?

- What about financial abuse? Do we adhere to the legal parameters of theft and fraud or take the definition further? What about theft of residents' personal property in nursing homes? Is that abuse?

- What are the signs of the various types of physical abuse suffered by the elderly?

- What are the signs of psychological abuse, such as threats, infantilization, derogation?

- How do we detect financial abuse of the elderly, whether by their children or by fraudulent strangers?

- What are the signs of neglect? How do we tell if it is neglect, poverty, indifference or stubbornness that results in these symptoms?

- Who should get together and develop the protocols for reporting suspected and confirmed cases of elder abuse? How can the effectiveness of the protocols be evaluated?

ELDER ABUSE: PREVENTION

A. The Context

Over the past two decades a clearer picture of the extent and impact of violence within the family has been emerging. The cherished myth of the family as a loving refuge for its members has been repeatedly challenged by our awareness of child abuse in the 1960's, spouse abuse in the 1970's, and elder abuse in the 1980's.

Victims of family violence are persons who are in a weakened, powerless, and dependent position relative to perpetrators. The elderly, especially those who are chronically ill, handicapped, low income, female, or members of an ethnic minority are the most likely to be victimized. They generally have few social contacts outside the home. Physical impairment, decreased mobility and geographic isolation may further limit elderly persons' contact with other persons or helping networks in the community. Societal norms which support the sanctity and privacy of the family allow family members to keep abuse well hidden from others.

"Ageism", or negative attitudes toward the elderly, contribute to their victimization. In our society, elderly persons are often perceived to be confused, dependent, sick, feeble, and unproductive. These negative stereotypes dehumanize the elderly allowing others to mistreat them or to ignore their needs without feeling guilty. Furthermore, when "ageism" is internalized by the elderly, it results in feelings of lowered self-esteem and self-worth. These negative self-perceptions translate into passive and submissive behaviour which renders them even more vulnerable to abuse and neglect.

Familial elder abuse occurs when those family members who are expected to be responsible do not have adequate resources - practical, social, psychological, and/or financial - to deal effectively with elderly family members. The perpetrators often have a history of alcohol abuse, psychopathology, poor self-esteem, and employment problems.

A significant proportion of elder abuse is actually spouse-abuse-grown-old, reflecting the fact that more elders live with their spouses than with their children. Abuse is also committed by sons and daughters who are responsible for elderly dependent relatives. They are often older and may be struggling with diminishing health, energy, and financial resources. They may be faced with double demands from young adult children with continued dependency needs and elderly parents with new and increasing dependency needs. They may also be employed outside the home and may feel there isn't sufficient time to meet their own personal needs, let alone those of a dependent relative. Stress and frustration, combined with personal problems or ongoing family conflicts, can result in abuse.

Elder abuse takes place in institutions as well. Not only do many elderly people in institutions suffer from isolation and psychological neglect (e.g. environmental deprivation) but physical and psychological abuse appear to be a regular occurrence as well. Working in institutions is very stressful and physically taxing. Staff frequently do not have the specialized education and training necessary to understand or appropriately respond to the demands and needs of residents. Those staff members who are unhappy with their jobs, who suffer burn-out, who have considerable conflict with residents, and who have negative attitudes toward the elderly, are most likely to commit abuse.

It is the older members of the elderly population, those over 75 years of age, who are the most vulnerable to abuse and it is this segment of our Canadian population that is growing faster than any other age group. This increase in life expectancy means a longer period of time during which older members of society - who are predominantly female are vulnerable to abuse and neglect. It is essential that we take preventive action now, because elder abuse is a dilemma we will probably all face in our lives, whether professionally or personally.

B. Orientation and Components of Preventive Strategies

Three levels of prevention must be employed when selecting intervention goals and strategies to deal with elder abuse. Primary prevention, or the prevention of the occurrence of elder abuse, is the ultimate goal. In secondary prevention, the goal is to recognize the abuse dynamics as early as possible and ensure prompt treatment. With tertiary prevention, the goal is to reduce the effects of abuse and assist victims to achieve their optimum level of health and safety. All three levels of prevention share a common orientation.

B.1 Orientation of Preventive Strategies

- Any effective prevention strategy must encompass a comprehensive range of programs and services targeted at the individual, the family, the community, and the broader society.

- Preventive programs and services must recognize and respond to the complexity of elder abuse and its dynamic and variable origins.

- Preventive strategies must include widespread attempts to teach and promote the intrinsic value of all individuals in our society, regardless of age, sex or race.

- In any treatment of the abused elderly, the "least restrictive alternative" should apply. The elderly victim must be allowed to maintain the greatest practical degree of self sufficiency and self-determination while the threat of physical or emotional harm to the victim is removed or reduced.

B.2 Components of a Primary Preventive Strategy

- Public education about non-violence to reverse our society's acceptance of violence.

- Public education to increase public and professional understanding of normal aging in order to raise consciousness of abuse and to eliminate negative perceptions of the elderly.

- The use of all possible means to reduce the stresses within families which can precipitate violence and abuse.

- The facilitation of meaningful relationships between families and their neighbours and communities to counteract the isolation many experience.

- A change in the balance of power, decision-making and sharing of household tasks, to alleviate the inequalities and discrimination suffered by the elderly and women.

- An interruption of historical patterns of violence found in generations of families.

- The development of legislative measures and policies to protect the rights of the elderly in the community and in institutions.

- Advocacy to represent the views of the elderly, to articulate their special needs and to foster an appreciation of the developmental stage in life that is old age.

- Education to increase public and professional awareness and understanding of the elder abuse problem.

- Research to further our understanding of the nature and causes of elder abuse, and to develop reliable and valid assessment tools.

B.3 Components of Secondary/Tertiary Preventive Strategies

- Education of the elderly regarding their rights, ways to protect themselves, and community services available to them.

- Education of caregivers regarding normal aging, caring for the elderly, and the resources available to assist them in their caregiving role.

- Education and training of staff in institutions to improve the quality of care delivered and to reduce their own stress.

- The creation of specialized courses and training in gerontology in professional schools (such as social work, law and medicine), community colleges and police academies.

- The education and training of practitioners in the field regarding normal aging, elder abuse and the assessment and treatment of elder abuse.

- The increased provision of support services to caregivers, e.g. respite care, day care, elder companions, health services, homemaker services, and family support groups to reduce stress in their environment.

- The increased provision of support services to elderly persons, e.g., health services, friendly visitors, means-on-wheels, visiting nurses, transportation, seniors centres, telephone assurance, etc. to allow them to remain independent as long as possible.

- The extensive and creative utilization of both natural helping networks (e.g. friends, neighbours) to reduce isolation and "gate keepers" (e.g. postal carriers, pharmacists) to watch for sign of abuse.

- The provision of services to abused elderly persons through hospital, agency, and/or community-based, multidisciplinary teams of professionals and paraprofessionals.

- The development of written protocols and procedures for dealing with suspected cases of abuse in the community and in institutions.

- Standards and guidelines for benevolent care of elders in institutions, and appropriate disciplinary procedures for staff persons who deviate from them.

- The creation of an "hotline" for human services workers who feel they may become abusive themselves, or who have witnessed or suspect abuse, and for the elderly who are abused or at risk.

- The development of desirable housing alternatives for elderly victims who need assistance with everyday living (e.g. sheltered living, home-sharing, congregate living) and shelters for elderly abuse victims who are environmentally competent but temporarily require a haven.

C. Progress in Prevention

Prevention if elder abuse is contingent upon a number of factors, including awareness of the problem, legislation and policies framed in response to it, and programs developed to meet the needs of human service workers, abusers and victims. Following is a sampling of various responses to elder abuse which contribute to its prevention.

C.1 Research

There have been numerous exploratory studies carried out in Canada which have heightened awareness of the problem of elder abuse in this country (Belanger, Block, Bristowe, Haley, King, McGrath, Ontario Ministry of Community and Social Services, Poirier, Shell, Stevenson). A large scale prevalence study is presently being conducted by Ryerson Polytechnical Institute and the Carleton University School of Journalism. As research results become general knowledge, awareness will increase the chances for prevention of elder abuse.

C.2 Public Awareness

Task forces and committees have been set up in several provinces to study and suggest ways to address the problem of elder abuse. Conferences, forums, and workshops have been held in various parts of the country to raise awareness about elder abuse and promote a better understanding of the problem (e.g. 'A One Day Forum on Elder Abuse', April 1988, Ottawa; the "Second Conference on Elder Abuse', February 1988, Toronto).

C.3 Legislation

Half of the Canadian provinces (Nova Scotia, New Brunswick, Ontario, Alberta, and Prince Edward Island) have introduced some form of special legislation concerning the abuse of the elderly. Several provinces are working on the development of legislation or expansion of existing legislation.

C.4 Programs and Projects

There are a number of diverse programs and initiatives reflecting a commitment to address the problem of elder abuse in Canada. Some examples include:

- The Federal Government has pledged $40 million to be spent by six federal departments over a 4 year period (1988-1992) to help address the problem of family violence.

- The New Horizons Program of Health and Welfare Canada has made elder abuse a funding priority for 3 years (1987-1990) and has already funded six projects, most of which have had an educational focus.

- The Seniors Independence Program has also funded projects related to elder abuse - in Regina, Vancouver and Toronto.

- The Kerby Centre in Calgary, a senior citizens' multiservice centre, identifies seniors involved in abusive family relationships, investigates and monitors suspected cases of abuse and neglect, and provides crisis intervention and counselling services to victims and caregivers.

- The Advocacy Centre for the Elderly in Toronto is a specialized legal aid clinic for low-income seniors, including those who suffer all forms of abuse. The centre informs victims of both their rights and community services/resources available to them.

- Project Change in Montreal offers homemaking, educational, community support services, social activities and self-defense courses to seniors.

- The Committee on Abuse and Neglect in London provides consultation and support to professionals and agencies who are concerned about the health, safety and well-being of the elderly.

D. Impediments to Further Progress in Prevention

Although the goal of preventing elder abuse is indisputable, there are very real impediments to implementing preventive strategies. These hindrances include:

- The current governmental climate of budgetary restraint and reduction which runs counter to the perceived need for both new and expanded services.

- The difficulty, amount of concerted effort, and length of time involved in reversing social attitudes about violence and about the elderly.

- The lack of standardization or even guidelines for the development of appropriate policies, protocols, and treatment intervention due to our tenuous knowledge base.

- The unwillingness of elder abuse victims, caregivers, professionals, practitioners, and society in general to acknowledge that elder abuse exists.

- The failure of many human service professionals, home care workers, and the police to recognize that, in most cases of elder abuse, a crime has been committed and the victims should be offered the same protection as other victims of crime.

- The lack of coordination among services treating elder abuse victims and their families, and the absence of necessary and sufficient support services for either victims or caregivers.

- The lack of specialized education and training for formal and informal caregivers, and others providing service to the elderly.

E. Questions/Issues for the Future

- Is elder abuse a symptom of the unpreparedness of society and families for coping with the increasing number of adults who need long-term care?

- Should the financial responsibility for the care of the elderly who live with relatives be more equally shared between caregiving families and government?

- Is mandatory reporting and guardianship legislation the best way to protect the elderly and reduce the elder abuse problem or would alternative measures be more effective?

- Will the increased level of service required as a consequence of mandatory reporting and guardianship legislation be provided?

- Can the self-esteem and self-worth of the elderly be increased as long as they are seen to have no meaningful role or purpose in our society?

- How do we go about changing societal views about violence?

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ELDER ABUSE: DETECTION & REPORTING

A. Background

Elder abuse takes place for the most part behind closed doors, within families or couples, and is typically suffered by older persons who are isolated, dependent on their abuser, and impaired in some way. A combination of factors usually interact to precipitate abuse: pathological, environmental and familial. Abuse of the elderly also takes place in institutions where the elderly victims are isolated from the community and where their dependence on others is even greater.

Detection and reporting of elder abuse are closely related matters. Without detection, there will be no reporting. Without reporting of abuse by victims themselves, there is less likely to be information upon which to base detection criteria. Without reporting of elder abuse by others, the identification of its components, distribution and other characteristics - which help to raise awareness and thus the likelihood of detection - will not be assisted. Thus the two factors, detection and reporting, are seen to work hand in hand.

B. Impediments to the Detection and Reporting of Elder Abuse

Detection of elder abuse has been impeded by the public belief that the family takes care of its loved ones and venerates its elders. Even some professionals who work with the elderly react with disbelief and denial to information or evidence of its occurrence. Furthermore, abuse of the elderly is protected and maintained by societal norms which support the sanctity and privacy of the family: friends, relatives, police and other professionals are reluctant to get involved in 'private' matters.

Perhaps the greatest barrier to detection is the failure of elderly victims to report abuse. There are a multitude of reasons why they fail to either recognize, acknowledge, or report their abuse. Like other victims of family violence, and consistent with age discrimination, they may believe they are the major cause of the abuse and deserve it, or they may feel shame in admitting such treatment from their children or spouse. In some cases they may fear that the perpetrator will retaliate, that they will be placed in an institution, or that their complaints will not be believed.

Elderly victims may also be incapable of reporting abuse due to cognitive impairment, serious illness or immobility, or because they lack knowledge about abuse, their rights, and where or who to turn to for help. For elderly victims in institutions, over-medication, the use of restraints, fear of reprisals or an inability to articulate their problem may prevent them from informing others of their abuse or neglect.

It is clear, given the lack of reporting among elderly victims, that detection of abuse depends on the willingness of a third party to get involved and report suspected or known cases of abuse. Health care professionals and front-line workers who have contact with the elderly are in the best position to identify elder abuse yet often ignore or overlook its possibility.

When elders do complain of abuse, however, professionals may minimize their complaints due to disbelief, a lack of awareness of the nature and extent of the problem, or ageism. They may readily assume that elderly persons' behaviour or physical state is the result of normal aging, and fail to make the connection between the presenting symptoms and the possibility of abuse. Identifying cases of abuse is very difficult because changes related to normal aging mimic symptoms of abuse. For example, bruises may be the result of either increased capillary fragility common in old age, or of physical abuse.

The failure of human service workers to detect and report abuse is also the consequence of: first, a lack of education and training in elder abuse detection and assessment; second, the lack of a clear definition of elder abuse, so that different peoples' experience, attitudes and so on affect their perspective on the problem; and third, a lack of protocols and reporting procedures to guide them in their practice. Clear cut, standardized detection guidelines could be useful in overcoming some of the differences in practitioners' varying definitions of "abuse".

The organizational structure of agencies offering services to the elderly also decreases the likelihood of detection. Services are fragmented and specialized such that professionals from different disciplines tend to focus on and identify only those forms of abuse which reflect their professional involvement. For example, nurses' and physicians' primary focus is the physical health of their patients, so they are more likely to identify physical abuse. Multi-service centres, and hospital emergency departments using interdisciplinary expertise have the most success in identifying and reporting abuse.

Even when professionals suspect elder abuse is occurring they may fail to report it for a number of reasons: they do not wish to interfere with the elderly person's right to privacy and self-determination; they are not sure if they have the right to alert appropriate authorities; they may fear the legal repercussions if they falsely diagnose the elderly person's problems; and they may decide that it is to no avail to report abuse when the necessary services and resources to assist the victim are not available.

One response to the lack of reporting of elder abuse has been to make reporting mandatory in some jurisdictions. Although mandatory reporting is intended to help abused elders, it is a contentious issue because: it is said to infringe on the rights of the competent elderly; it has not proven to be an effective way of collecting data on the problem; it employs definitions which are broad and varied; and, the consequence of reporting is frequently the institutionalization of abuse victims.

C. Components of a Detection and Reporting Strategy

- Develop a clear, comprehensive, and universally accepted definition of elder abuse and its forms.

- Educate the public and professionals to increase their awareness of the normal aging process, elder abuse indicators, precipitating factors which contribute to abusive situations, and the resources available to deal with the problem.

- Raise awareness about ageism and elder abuse through radio, television, newspapers, churches, seniors groups etc.

- Develop reliable and valid detection protocols and reporting procedures for use in community settings, medical settings, and institutional settings. Train workers to use them properly.

- Increase the dialogue between professionals from different disciplines to enhance their awareness of a whole spectrum of indicators of abuse, to facilitate earlier detection.

- Increase the availability, accessibility, and coordination of services to the elderly. Hospital, agency, or community-based multi disciplinary teams of practitioners can provide coordinated and comprehensive services.

- Establish procedures for the systematic collection of data on elder abuse in agencies serving the elderly.

- Establish mandatory reporting of abuse in institutions so the staff can report abuse without fear of dismissal or harassment by their employer.

- Introduce guardianship laws to permit substitute decision making and protect those adults who are mentally incapable of personal care.

- Devise guidelines for the investigation and prosecution of elder abuse cases by the police.

- Develop a 'hot line' which can be called by potential abusers, seniors at risk, and others (such as public health nurses) who are able to identify potential abuse situations.

- Enhance natural helping networks by training 'gate keepers' (such as postal workers, local merchants), friends, neighbours, and extended family members to be aware of the signs of abuse, reporting procedures, and appropriate helping agencies.

- Adapt neighbourhood watch programs to detect elder abuse.

D. Progress in Detection and Reporting

- Half of the Canadian provinces (Nova Scotia, New Brunswick, Ontario, Alberta, and Prince Edward Island) have drafted legislation concerned with abuse of the elderly. Several provinces are working on the development or expansion of legislative packages.

- The Ontario Nursing Home Act was amended in 1987 to include mandatory reporting of any harm to a resident by anyone, other than a resident, who has reasonable grounds to suspect unlawful conduct or incompetent care.

- Prince Edward Island developed a protocol in 1987 to provide information and guidelines to assist home care and support staff in identifying and interviewing in situations where there is concern that an elderly person is at risk of abuse.

- The Edmonton Interagency Group on Elder Abuse, an interdisciplinary committee of professionals and law persons, is working on a definition of elder abuse, detection protocols, and ways to develop a coordinated approach to working with elder abuse victims.

- The Advocacy Centre for the Elderly in Toronto has completed a training manual for the Ontario Police College to educate the police about elder abuse, the types of crimes being committed and the legislation outside of the Criminal Code which may enable them to assist victims of elder abuse.

- The Kerby Centre, a seniors multiservice centre in Calgary, has been involved in a project to identify elder abuse among its new clients by watching for clues of violent family relationships.

- Groups such as the Manitoba Society of Seniors, an organization run by seniors, and a committee of senior volunteers in Toronto involved in The Abuse of the Elderly Awareness Project, are trying to raise awareness of elder abuse through articles and public speaking. Numerous conferences and workshops on elder abuse have been held across Canada to increase awareness of the problem, especially among those persons who work with the elderly.

- Support material designed to raise awareness about elder abuse is available to the public in the form of films (National Film Board) and information kits (National Clearing-house on Family Violence).

E. Impediments to Further Progress in Detection

- The lack of consensus on a standard definition of elder abuse and its forms.

- The hidden nature of elder abuse and the difficulty in involving third parties who are in a position to identify and report the abuse.

- The absence of standardized detection protocols and reporting procedures to facilitate elder abuse identification by professionals and service providers.

- The degree of detection and assessment skills required by those who work with the elderly in order to determine whether a client's physical, mental, or financial problems have been caused by abuse or changes associated with normal aging.

- The reluctance of elderly victims to tell others about their victimization or to admit to their abuse even when it is suspected.

- The absence of legal authority, enabling the perpetrator to block professionals' access to the elderly victim's home, and prevent assessment or treatment.

- The fragmentation of existing services to the elderly which hampers both the reporting and the detection of abuse.

F. Questions for the Future

- Given that most elderly are competent and able to make their own decisions, do we have the right to infringe on their rights to freedom and independence through mandatory reporting legislation and adult protection laws?

- How can we reduce the consequences of reporting for elder abuse victims? Can we ensure that mandatory reporting will not lead to inappropriate institutionalization of elder abuse victims?

- Will mandatory reporting legislation convey the false hope that the needed follow-up support is available?

- Should elder abuse be treated as a distinct category of abuse by crime-prevention agencies?

- How can we increase contacts outside the home for the elderly most at risk and increase their visibility to service providers?

- How can we convince elderly victims they are not the major cause of their abuse and do not "deserve" it?

- How can we make services for the elderly more accessible, available, and coordinated?

- How can we increase the elderly's awareness of elder abuse, their rights and their alternatives?

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